


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90183 032 ***150.00

DOCUMENT # P04000121787 1. Entity Name DWIGHT KIRBY CARPENTRY INC.																													
Principal Place of Business 702 POLK CITY ROAD HAINES CITY, FL 33844 US			Mailing Address 702 POLK CITY ROAD HAINES CITY, FL 33844 US																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 20-1528424																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent BROWN, TAMI 4350 LAROSA AVENUE NORTH PORT, FL 34286				7. Name and Address of New Registered Agent Name Kirby, Dwight Street Address (P.O. Box Number is Not Acceptable) 702 Polk City Road City Haines City FL Zip Code 33844																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Dwight Kirby</i></u> DWIGHT KIRBY (NOTE: Registered Agent signature required when reinstating) President DATE 4/20/05																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D.P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KIRBY, DWIGHT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>702 POLK CITY ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>HAINES CITY, FL 33844</td> <td></td> </tr> </table>			TITLE	D.P	<input type="checkbox"/> Delete	NAME	KIRBY, DWIGHT		STREET ADDRESS	702 POLK CITY ROAD		CITY-ST-ZIP	HAINES CITY, FL 33844		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE: <u><i>Dwight Kirby</i></u> DWIGHT KIRBY President 4/20/05 507-334-0852 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

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04202005 Chg-P CR2E034 (10/03)